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The Successful Management of Inebriety Without Secrecy in Therapeutics.*

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D^{R.} Benjamin Rush, in his "Diseases of the Mind," published in 1812, recommends "The establishment of a hospital in every city and town in the United States for the exclusive reception of hard drinkers" and says "they are as much objects of public humanity and charity as mad people; and religious, moral and physical remedies * * * should be employed * * * for the complete and radical cure of their disease."

Since the immortal Rush rested from his labors, vast progress has been made and vaster still is making in the management of the drink habit and in the treatment of the drink disease. Facts which but a few years ago advanced observers, like Morel, Magnan and the few neurologists of their time, first took note of, touching the hereditary transmission of neuropathic instability and dipsomaniacal tendencies through ancestral alcoholic excesses and *vice versa*, have not only passed into the possession of the profession generally as practical knowledge, but have become largely the mental possessions of the people.

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The profession, the people, and even the unfortunate victim of the drink habit himself, have come to the understanding that habitual resistless inebriety is a disease and chiefly of the brain and nerves, and under this impression, resulting from medical research and teaching, the drunkard and the dipsomaniac now seek and the profession now give, medical relief to the sufferer, or the friends of the inebriate procure this relief for him.

The general professional consent and popular recognition of the fact that inebriety is a disease, are the results of the impressive and persistent efforts of the British and American Associations and other medical societies having in view the cure of inebriety.

In the general recognition of the fact of the disease basis and remedial possibilities respecting this baneful, morbid vice of man's nervous system, we are hopeful of such an inestimable physical and moral fruition as must ultimately result in marked national re-invigoration, and in the postponement, at least, of national degeneracy impending through this, as one of the causes of racial decline.

We know now how to successfully scaffold and prop and steady the tottering nervous structure of an inebriate neuropath, and sustain it in fairly normal function pending its effectual reconstruction, and we know how to permanently rebuild this damaged nervous system, through the advances neurology has made during the life of the present generation of physicians, though, alas, we cannot always remove the baneful neuropathic entailments of chronic alcoholism upon the immediately succeeding generations of the drunkard, while we may and do, do much to ameliorate, modify and ward off the baneful neurotic *sequelæ*.

The unchecked degeneration of whole families through generations of neuropathic descent, such as Morel and others have presented, as the frightful admonitions of scientific research against the fatal neural and psycho-neural degeneracy of alcoholic excess, are not possible

under the skillful management of modern medical art as now practiced, especially in the neurological department of medical work.

It may profit us at this juncture to recur again (as mentally we often do to similar personal observation) to one of Morel's typical tables illustrative of the course of alcoholic neuropathic degeneration unassisted by our art, and I take this table from our classical and observant *confrère* across the ocean, Dr. Henry Maudsley, because the interesting researches of Morel into the formation of degenerate or morbid varieties of the human race have served to furnish to the philosophical mind of this distinguished neurophysiologist, as it has to you and me, a philosophical view of the chain of events by which alcoholism as a cause of individual degeneracy continues its morbid action through generations and finally issues, when unchecked by the arts of our profession, in extinction of the family.

First generation.—Immorality, alcoholic excess, brutal degradation.

Second generation.—Hereditary drunkenness, maniacal attacks, general paralysis.

Third generation.—Sobriety, hypochondria, Lypemania, systematic mania, homicidal tendencies.

Fourth generation.—Feeble intelligence, stupidity, first attack of mania at sixteen, transition to complete idiocy and probable extinction of family.

How many painfully impressive pictures like this have we not seen in our several spheres of observation and practice, and how many impending family calamities like this are now avertable through the resources of medicine and philanthropy which our present advanced neurology offers the neuropathically unstable? It is a source of professional congratulation that the medical profession, and especially our department of professional endeavor, has brought relief to the inebriate, and mitigation, with the hope of ultimate extinction of its entailed neuropathic evils to the human family, if only we are permitted

to treat this disease as its pathology demands, and an enlightened public sentiment promises this as the consummation of our professional labors and hopes in behalf of man's highest and best interests for the closing of the Nineteenth Century.

The profession and the public believe that inebriety is a disease. They now believe it can be successfully treated and that it ought to be treated, not only for the good of the inebriate, but for the welfare of his descendants. They have now the knowledge that precedes wise action.

Drunkenness is unpopular; inebriety is on the decline; dipsomania is dangerous to the drunkard's descendants, as well as detrimental to himself.

Medicine has given to the world the substantial basis of a new reformation. It has sounded the alarm: it offers the remedy, and, on this score, we think humanity is on the road to safety.

This is one of the jewels we place in the crown of Nineteenth Century progress. We give it freely to the cause we crown without copyright, letters patent or secret process.

With the diffusion of knowledge among the people and their advisers, the general profession, and especially the family doctor, that alcoholism and dipsomania are grave diseases, with graver physical and psychical *sequelæ*, hope has dawned for the drunkard, and the prospect of the final obliteration of inebriety and its terrible evils to the individual, the family and the State, brightens. Henceforth, the unfortunate victim of alcohol is to be cured and then reformed through the seeking of medical relief, and such as are not confirmed in baneful habits of intemperance will turn in time from the social tempter and avoid the neuropathic thralldom of this devil's chain of evil tyranny.

Many men who fall into the drink habit are unaware of the terrible neuropathic heritage of unsteady nervous organism bequeathed through bibulosity and other nerve-

depressing influences operating on their ancestors. They know but little of the organic evils and entailments of alcohol. They know chiefly physical, moral and social discomforts and inconveniences of getting drunk, which are as nothing compared with the damage to their brains, nervous systems, blood-vessels and vital organs.

Not understanding the tyranny of their unstable nervous systems they censure themselves as fools for each repetition of a bout of drinking and resolve and re-resolve not to do it again, then go on and die the same, in the majority of instances, unless aided by medical art to overcome the otherwise resistless tyranny of a viciously endowed organism, which impels to the fate they dread without the power to draw away from it, yet thinking each time they drink it will be the last.

The trouble in the past about this blended vice and disease has been in the failure to seek, by suitable change of environment and proper medical treatment, that renovation and rebuilding of the damaged organism which makes resistance to alcoholic enslavement a possibility in the organism of the average habitual or periodic inebriate. That profession which has rescued mankind from so many portentous evils after other resources have failed, is ready to succor him now from the thralldom of damaged organism and psychical weakness and neuropathic instability.

We need not now go deeply into the pathology of chronic alcoholism, but cursorily glancing at the subject we have only to recall the findings of Virchow, Richardson, Horsley, Percy and Binz, of water, decreased and fibrine changes in the blood, sometimes quite fluid, at others, coagulated, pure alcohol in the tissues, fatty globules in the circulation, fibrinous clots and excrescences in the vessels, vascular dilations, anæmia, deficient hæmoglobin, of old and excessive alcoholics.

Nor need we dwell upon other destructive and degenerative changes, which, like the annihilated phagocytes of alcoholized persons to which their well-known

lack of resistance to general morbid influences is due, are secondary to the poison. We have to treat these conditions as *sequelæ*. This fact and the other prominent fact that alcohol abstracts fluid from the tissues of an organism whose very nerve cell is bathed in lymph, whose cerebro-spinal axis, as Obersteiner tells us, lies in a sea of lymph, an organism to which water is the *sine qua non* of life, give us the chart and compass of our course; and the polar star is the care and cure of the damaged brain, the brain and associate spinal and ganglionic system from whence originate the illusions, the hallucinations, delusions, anæsthesias, paræsthesias, hyperæsthesias and hyperalgæias or the peculiar polyæsthesias of these cases. All of these sensory troubles, together with the well-known motor symptoms, the motor paresis, muscular tremor, twitchings and inco-ordination, the *paresis* of the cortical areas of the brain, where the volitions center and whence they proceed, impaired and vitiated, in the drunkard. To these and other symptoms which go to make up what Bevan Lewis designates as the motor anomalies of an alcoholic etiology and all the psychical symptomatology, which this writer and Huss and Magnan and Maudsley, Usher, Wilson and many others describe, give us adequate outline of the detail work necessary for the thorough and permanent cure of the inebriate. He will be largely made over and made whole. No three weeks' treatment will suffice. We may break him for the time of his habit in three weeks and yet leave him a wreck for life. Our duty is to repair him and make him anew if he will permit us to do it. We cannot ignore the protean nature of alcoholic symptomatology or forget the fact in our treatment of this disease that no poison except the virus of syphilis plays so extensive a rôle in the morbid affections and degenerations of the tissues, nervous or non-nervous, as alcohol.

When illustrated chapters in the pathological anatomy of alcoholism, especially like those in Bevan Lewis' recent text-book on "Mental Diseases," are so readily

accessible, and when, besides, the cultured character of my distinguished auditors is considered, it is obviously unnecessary to dwell in detail on the pathology of alcoholism. I could not enlighten you—you could rather enlighten me on the subject.

The point of this paper is psychical assistance and neurotic support, and neurotic and organic reconstruction. We must first secure the man's safety from the thralldom of drink and repair the secondary damage later. We must first put out the fire and save what remains of the still standing structure, prop the weakened walls, and then rebuild and remove the damages. The foundation and framework of all reconstruction of the drink-damaged dipsomaniac is in the nervous system. If we can rescue that from immediate and ancestral damage, we can save the man, but we must not leave him, after our treatment, damaged and shattered in his brain or nerves or blood or vital organs. We must make him strong and resistive in the higher inhibitory volition and directing realms of the cerebral cortex and restore the normal functions within and presided over by the lower cerebro-spinal and ganglionic centers.

It is obvious that in attempting to effectually and permanently cure and reform the inebriate we undertake a large contract, one that cannot be fully complied with in the brief space of a few weeks. When we have broken the chain of morbid habit there yet devolves upon us the duty of after-care that the victim's health may not be permanently shattered, and that insanity and other evils may not follow.

The first essential to the cure of inebriety is the substitution of a less harmful support to the shattered brain, nerves and damaged vital organs, than alcohol, and I name them in their order of preference. The morphias or opium, strychnia, the quinias and cinchonias, valerianates, cocas, the ammonium bromide, etc., etc.

The second and concomitant essential is water—plenty of water or its equivalent, milk. The tissues must have

water, the blood must have it, the emunctories and the skin must have it.

The third and concomitant essential is rest. Normal nature tired prescribes it for every bodily or mental overtax. Exhausted abnormal nature always needs it and demands it often. The machinery of the human organism in all its parts—psychical or physical—must be put at rest for the best repair.

The chief essential for rest is a new and proper environment, and subsidiary to this are the chemical restraints therapeutics may place on over-acting cells: chloral, sulphonal, the bromides, the vegetable narcotics, old and new, the valerianates, the opiates, cephalic galvanization, and soothing music and the bath.

The fourth essential is the removal of the *debris* of the last and previous drunks and of the interim of organic torpidity and depressed vitality. The scavenger cells, diminished in number or absent as they are *in toto* from the blood, and the emunctories have failed in their physiologically appointed work; the congested brain, liver, stomach, intestinal tract, mucous membranes generally, torpid liver, bowels and skin, are to be relieved and set at their proper work again.

Here, water, saline laxative water without stint, is the remedy *par excellence*. It flushes the intestinal tract and the excreting organs. Nature suggests it first of all after the rest she enforces after a prostrating spree.

I need not here dwell on the proper therapeutic blendings for this hydrotherapy to give more special direction to liver, kidneys, skin or bowels.

My preference is for an effervescent saline that clears out the alimentary tract and tranquillizes the brain and nerves at the same time (though mercurials are often not amiss), and then to properly start all the pumps of the system that may not be acting well and maintain them in moderate activity till there remains no pathological clogging of the wheels of physiological activity, but I do

not approve of over-active catharsis. Moderation and not violence in this regard is my motto.

The fifth and concomitant essential is reconstruction of the undoubtedly damaged cerebro-spinal centers and the several affected organs of vegetative life. A drunkard is more or less damaged in many parts of his anatomy at the same time. He comes more nearly to being affected all over in spots than most patients we have to treat.

We begin reconstruction with the beginning of treatment. It begins with rest and sleep and food and change of surroundings, when Nature, without further aid, can effect it, rest, nutrition and phosphates, the hypophosphites and the reconstructive hæmatics and other rebuilders of the blood. Milk, beef-tea and capsicum and other stomachics. Early in the treatment a hair of the dog that bit him—a milk-punch or egg-nog, egg phosphates flavored with wine or whiskey, the latter soon withdrawn. In this stage the wines of coca, the beef, wine, iron and strychnine compounds, calisaya cordials, egg phosphates and stimulant tonics, are temporarily admissible.

When the patient is cured of his recent attack of delirium tremens, or recuperated from his last debauch then the hypodermic medication that is to hold him from further relapse, to re-tone his system and break him of his taste, must be instituted, if we have not begun it sooner.

The sixth and final essential, to which all our previous efforts lead us, is destruction of the drink craving, and this is done on physiological principles. The drink craving is pathological perversion of physiological cell action, and lies in the realm of the cerebral cortex. This part of our subject belongs to psychiatry and psychical suggestion, effected by a therapy directed to these morbidly acting centers of the brain, accomplishes our purpose. When the drink craving comes on, having in the meantime rebuilt the shattered brain and nervous system and restored the mental tone as much as possible, we do not

absolutely inhibit the use of the accustomed drink, but train the drink victim's own inhibitions, first, by suggestion; second, by moderate indulgence properly treated.

We do not say, "You shall not, but you had better not drink. You know it is poison to you and you are its slave. You should resist. Your treatment has made you strong. You *can* resist. Whiskey no longer tastes as good to you. You no longer need it. You have the power now and should assert your manhood," and with these suggestions, perhaps the victim will try the liquor, we give him *spiritus frumenti* f3ij, *cum vini antimonii*, f3i, and repeat *ad libitum*, or we have previously given him apomorphia with aurum bichloride for psychical effect.

Under this or similar management of the appetite, the victim acquires a disgust for his favorite drink, he discovers his inhibition of the propensity is strengthened, and a disgust supplants the taste, which abides till he is fully restored in nerve tone and power to permanently resist and assert his manhood and maintain it against all future assaults of the foe.

As I cannot, in the brief time allowed, further detail my plan of treatment, this outline must suffice, with the promise in another communication of special prescriptions and combinations, embodying the plan of treatment here outlined, and which has proven successful in desperate cases.

After your patient is cured, after the toxic effects of alcohol have gone from the blood, and the higher and lower nerve centers and the damaged tissues of the body have regained their normal nutrition, powers of assimilation, and strength of physiological action and resistance; after confidence in his strength has returned to the patient, he must be warned to never again have confidence in his power of resistance with alcohol in his blood. Let him that thinketh he standeth then take heed lest he fall again. The cure of the drink habit is not always perpetual; it is not everlasting without the aid of the

patient himself. Though to some the appetite never comes back, to others it is not safe to trust it with temptation. So that the safe plan, since no inebriate fully knows the full extent of his own inherent organic instability, is to "touch not, taste not, handle not," ever after. His treatment leaves him strong enough to say "No," and "Get thee behind me, Satan," to his tempter. It does not always leave him so strong that he can take the tempter to his bosom. He cannot always try a tussle with the tempter and not be thrown.
